

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814  
(916) 322-5462



September 19, 1985

ALL-COUNTY LETTER NO. 85-96

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REPORTING OF "REFUGEE DEMONSTRATION PROJECT" (RDP)  
CASES RECEIVING FOOD STAMP BENEFITS

REFERENCE:

This letter is to transmit instructions on reporting of Refugee Demonstration Project (RDP) funded cases who are receiving food stamp benefits.

For statistical purposes, the RDP cases will be reported on the Food Stamp Monthly Statistical Report (form DFA 296) as a footnote. You are instructed to use item 12 on the DFA 296 to report "RDP cases receiving Food Stamp Benefits" (example is attached). This information will be reported under the non-assistance column and will not be included in the regular NA food stamp data.

This directive will remain in effect for the duration of the Project (36 months) from July 1, 1985 through June 30, 1988, or until notified by State Department of Social Services.

If you have any questions, please contact Levy St. Mary, Statistical Services Branch, at (916) 323-2334 or ATSS 8-473-2334.

A handwritten signature in cursive script that reads "Robert Sertich".

ROBERT T. SERTICH  
Deputy Director  
Administration

cc: CWDA

**FOOD STAMP PROGRAM  
MONTHLY CASELOAD MOVEMENT  
STATISTICAL REPORT**

Send One Copy To:

DEPARTMENT OF SOCIAL SERVICES  
STATISTICAL SERVICES BRANCH  
744 P STREET, MAIL STATION 12-81  
SACRAMENTO, CALIFORNIA 95814

Fiscal Report Month - Cut Off Date \_\_\_\_\_

Calendar Report Month

COUNTY	COUNTY CODE	STATE USE ONLY	
FOR THE MONTH OF _____, 19		MONTH	YEAR

**PART A. APPLICATIONS FOR FOOD STAMPS**

1. Pending from last month (Item 5 last month, or explain).....			
2. Received during the month .....			
3. Total during the month (Sum of 1 and 2).....			
4. Disposed of during month (Sum of a, b, and c below) .....			
a. Total approved (Same as Part B, 7a) .....			
b. Denied .....	PAFS		NAFS
c. Withdrawn .....			
5. Applications pending at end of month (3 minus 4 above) .....			

**PART B. CERTIFIED CASELOAD MOVEMENT**

	PAFS	NAFS
6. Cases brought forward from last month (Item 10 last month or explain)		
7. Cases added during month (Sum of a through c, below) .....		
a. Applications approved .....		
b. Transfer in assistance classification from PAFS or NAFS .....		
c. Other approvals .....		
8. Total cases open during month (Sum of 6 and 7, above; also a plus b, below)		
a. Certified eligible to participate during the report month .....		
b. Cases certified for future months only .....		
9. Cases terminated during the report month .....		
10. Cases carried forward to next month (8 minus 9) .....		

**PART C. RECERTIFICATIONS**

	PAFS	NAFS
11. Number of recertifications disposed of during the report month (Sum of a and b, below) .....		
a. Determined continuing eligible .....		
b. Determined ineligible .....		

**PART D. TO BE USED ONLY ON INSTRUCTION FROM SDSS**

12.		
13.		
14.		

REPORT PREPARED BY: _____	TELEPHONE _____	DATE _____
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